Implementation of Adult Day Health Care Assessment/Reassessment and Case Management

Q. What is the effective date for Adult Day Health Care (ADHC) providers to begin providing Assessment/Reassesssment and/or Case Management Services?
A. July 1, 2005

Q. What are the qualification requirements for the Assessment/Reassessment team?
A. Per 907 KAR 1:160,Section 1(21) and (22), the Assessment/Reassessment team must be comprised of:

- two (2) RN's; **OR**
- an RN and a(n):
  - social worker,
  - certified psychologist with autonomous functioning,
  - licensed psychological practitioner (LPP),
  - licensed marriage and family therapist (LMFT), **or**
  - Licensed Professional Clinical Counselor (LPCC).

Q. Will the ADHC Provider be required to "enroll" as a provider for Assessment/Reassessment and/or Case Management?
A. DMS has made changes to NHS prior authorization instructions and to the claims payment system to allow all ADHC's to prior authorize and be paid for Assessment/Reassessment and/or Case Management. A provider letter will be sent to all ADHC providers with instruction on how to submit claims for these services.

Q. Will ADHC Providers be limited to providing Assessment/Reassessment and Case Management for adult day health patients only?
A. No, the choice of provider is made by the patient. Any patient needing Assessment/Reassessment and/or Case Management services may choose an ADHC provider or a Home Health agency to provide those services.

Q. If the patient receives both ADHC and Home Health services who should provide the Assessment/Reassessment and/or Case Management services?
A. Either may provide these services. The patient will have freedom to select the provider of Assessment/Reassessment and/or Case Management services.

Q. Can Assessment and Reassessment services be performed at the Adult Day Health Center if the patient is routinely attending the Adult Day Health Center?
A. Per 907 KAR 1:160 Section 5 (2)(a)5, an Assessment/Reassessment must include at least one (1) face-to-face contact with the HCB recipient and, if appropriate, a family member, by a member of the Assessment/Reassessment team in the HCB recipient's home. The Assessment/Reassessment may begin in the hospital, ADHC, or another place but shall be completed in a home visit.

Q. Can the ADHC Provider perform just Assessments/Reassessments and not do Case Management or vice versa?
A. Yes. The recipient has the choice of which provider provides these services. For example, the recipient may choose a Home Health agency to perform the Assessment and an ADHC to do Case Management or vice versa. However, the ADHC provider should be able to provide both these services if the recipient requests them. Providers cannot decide to do only Assessments/Reassessments or only Case Management.

Q. If an ADHC does not choose to provide Assessment/Reassessment and Case Management services initially, can it be added later?
A. Yes, the Adult Day Health Center may choose to participate now or later. The Adult Day Health Center may also choose to discontinue the service at any time. The Prior Authorization and claims payment systems will allow the provider to PA and submit claims for these services at any time.

Q. How will this change apply to current HCB Waiver recipients? Must the recipient wait to change providers at the time of reassessment or can they change Case Management providers during an approved certification period? If so what is the process for this?
A. The member has the right to change providers at anytime. If the member chooses to change providers for case management, during an approved certified period, the Adult Day Health Care will be required to file a modification on the MAP-351A and MAP-109-HCBW.

Q. Can the client choose to stay with the Home Health Case Manager even though they are attending Adult Day Health Care, especially if they are receiving traditional home health services?
A. The member has the right to choose their Case Manager. If the member wishes to continue to receive Assessment/Reassessment and/or Case Management services from the Home Health provider, they may do so.

Q. If a client receives both ADHC services and in-home HCB services what/who determines which will be the Case Manager of record or will both be expected to do the required supervision, documentation etc.?
A. Only one provider can receive payment and provide Case Management services. The Case Manager of record will be the provider that the member selects. That Case Manager will be responsible for all case management functions. Each agency will be responsible for supervision of it's employees and will need to maintain documentation of any service they submit a claim for.

Q. While the ADHC can accept clients from counties outside the county of location, will the ADHC be able to provide Assessment/Reassessment, and Case Management outside the county or counties in which they are located?
A. The ADHC provider may provide Assessment/Reassessment and/or Case Management services outside their county of residence per their Certificate of Need.

Q. If the ADHC is the case manager, will the Home Health have to sign off on the MAP-351 and the MAP-109-HCBW as the Adult Day Health Care Centers now are required to do?

A. No, the Home Health Agency will not be required to sign-off on the MAP-351A or the MAP-109-HCBW. The requirement for the ADHC signature has been removed.

Q. What codes will the Adult Day Health Care Centers use to bill for assessment, reassessment, and case management services?
A. A provider letter will be sent to all ADHC providers with instruction on how to submit claims for these services prior to July 1, 2005.

Q. Will there be revisions to the forms that are currently required for the HCB Waiver?
A. Yes, the MAP-351A and MAP-109-HCBW have been revised and are available online. These forms can be found on the DMS website at http://chfs.ky.gov/dms/hcb.htm.

Q. Will there continue to be two HCB Waiver Service Manuals, one for Adult Day Health Care and one for Home and Community Based Services?
A. Yes. There will continue to be two separate manuals. Changes will be made to both the ADHC and HCBW manuals and billing instructions to reflect changes to the HCB waiver program.

Q. Will there be revisions to 907 KAR 1:160 and 907 KAR 1:170?
A. Yes, these regulations are being changed to reflect changes to the HCB Waiver effective July 1, 2005.

Q. Will the Case Manager continue to be responsible for minor home adaptation service?
A. Yes, minor home adaptations shall be arranged by the Case Manager. The Case Manager shall complete and submit the MAP-95 requesting prior-authorization and shall submit a bill for the item/service.

Q. Will MMIS changes be finalized in order for ADHC providers to bill and receive reimbursement for Assessment, Reassessment and Case Management services provided, effective July 1, 2005?
A. Yes

Q. Will the DMS provide training on the changes prior to July 1, 2005?
A. Yes. A provider letter was sent to all Home Health agencies and ADHC providers dated June 15, 2005, notifying them of the changes to the HCB waiver effective July 1, 2005. A copy of this letter can be found on the DMS website at http://chfs.ky.gov/dms/2004.htm. A teleconference training was held at the UK teleconferencing center on June 21, 2005, which was attended by both Home Health agencies and ADHC providers. An additional telephone conference training will be held on Wed 6/29 at 9am (and Thurs 6/30 at 1pm if needed)-Unisys will also be online). If additional information, clarification or training is needed, providers may contact Jennifer Smith, Craig Cooper, Kristina Hayden, Marilyn Ferguson or Sheila Davis at (502)564-5560.

Q. **Q. Will current HCBW recipients be notified of the change to allow ADHC providers to provide Assessment/Reassessment and Case Management services?**
A. Yes, Medicaid will send a letter to all current HCBW recipients notifying them of the change.